

[Insert Company Name]

QUOTATION

ABN: [insert ABN]

[Company Contact Person]

[Company Address]

Phone [Phone Number]

Fax [Fax Number]

QUOTE [QUOTE NUMBER]

ISSUE DATE: [QUOTE ISSUE DATE]

EXPIRY DATE: [QUOTE EXPIRY DATE]

TO:

[Name]

[Street Address]

[Suburb STATE Post Code]

[Phone Number]

Address (where works are to be carried out):[enter client property address details]

Expected Commencement DATE of works: [commencement date]

Expected completion DATE of works: [completion date]

QUANTITY	DESCRIPTION	UNIT PRICE	GST	TOTAL
	[Complete All Table Fields]			

Payment terms and conditions: [eg strictly 7 days, payment on completion, etc.]

Northern Territory Government Alcohol Secure Program voucher will be accepted as payment, subject to Program Terms and Conditions, available at nt.gov.au/alcoholsecure

SUBTOTAL (EX
GST)

GST

TOTAL DUE

Third Party Sub-Contractor Details

Business Name	Contact Name	Phone Number	Email
Business Name	Contact Name	Phone Number	Email
Business Name	Contact Name	Phone Number	Email
Business Name	Contact Name	Phone Number	Email

If you have any questions concerning this quote, contact: [Insert Name] at [Phone Number] or [Email Address]

THANK YOU FOR YOUR BUSINESS!